

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
Board of Supervisors, Fifth District			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Sandra Cruz, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(213) 974-5555	scruz@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>45.00</u>
Event Description: <u>Dodger Tickets</u>		Date(s) <u>09</u> / <u>08</u> / <u>17</u> <span style="margin-left: 50px;"><u>09</u> / <u>09</u> / <u>17</u></span>
<i>Provide Title/Explanation</i>		
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: <u>Los Angeles Dodgers</u>
		<i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes: _____
		<i>Official's Name (Last, First)</i>

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

with the requirements.

  
Signature of Agency Head or Designee

Sandra Cruz  
Print Name

Ticket Administrator  
Title

9/29/17  
(month, day, year)

Comment: \_\_\_\_\_

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Sandra Cruz, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(213) 974-5555	scruz@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 09 / 10 / 17 09 / 22 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

### 3. Recipients


• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Staff		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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	Sandra Cruz	Ticket Administrator	9/29/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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<b>Designated Agency Contact</b> <i>(Name, Title)</i> Sandra Cruz, Ticket Administrator			<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>
<b>Area Code/Phone Number</b> (213) 974-5555	<b>E-mail</b> scruz@bos.lacounty.gov	<b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 09 / 23 / 17 09 / 24 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

### 3. Recipients


• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

with the requirements.

 Sandra Cruz Ticket Administrator 9/29/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Sandra Cruz, Ticket Administrator			
Area Code/Phone Number	E-mail		
(213) 974-5555	scruz@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 09 / 25 / 17 09 / 26 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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 Sandra Cruz  
 Signature of Agency Head or Designee

Sandra Cruz  
 Print Name

Ticket Administrator  
 Title

9/29/17  
 (month, day, year)

Comment: \_\_\_\_\_



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Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

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Comment: \_\_\_\_\_